MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/544191 **FILING DATE**

APPLICANT(S)

2/4/67

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/				51						
2		1		/			52						
3				/			53						
4				/			54						
5		1		/			55						
6				/			56						
7				/			57						
8		1		/			58						
9				/			59						
10				/			60						
11				/			61						
12							62						
13							63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		/				TOTAL IND.						
TOTAL DEP.	7		10				TOTAL DEP.						
TOTAL CLAIMS	8		11				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)